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Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

Children's Safety Network Program

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Funding Opportunity Number: HRSA-15-067

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 2, 2015

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
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Erin Reiney, MPH, CHES
Director, Injury and Violence Prevention Programs
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
E-mail: ereiney@hrsa.gov
Telephone: (301) 443-5848

Authority: Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)), as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2015 Children's Safety Network (CSN) Program. The purpose of this cooperative agreement program is to reduce fatal and serious injuries among infants, children and youth by 100,000 over the next three (3) years by increasing the adoption of effective child safety interventions at the national, state and local levels. Increased implementation of evidence-based policies, programs and practices through collaborative improvement and innovation models are expected to lead to a measurable improvement in child safety among the maternal and child health populations.

More children and adolescents die from injuries and violence than all diseases combined, and injuries are a leading cause of disability. Every year, one in nine young people is injured seriously enough to require medical attention, and nearly 320,000 hospitalizations¹ occur due to these injuries. Injuries are a leading cause of medical spending for children and adolescents, a burden estimated at \$4 billion² in annual healthcare costs for hospitalizations alone. Suffering a serious injury can have a tremendous impact on a child's ability to live to their full potential, often leading to a lifetime of special health care needs that change the lifecourse of both the child and their family. During the past three decades, researchers and practitioners have successfully led efforts to understand the causes of these injuries and to generate an evidence base describing effective interventions.

In spite of this progress, a gap persists in the broad implementation of these protective strategies. HRSA, MCHB and state MCH Block Grant programs support systems of care that reach children and their families, and are well-poised to drive system changes that integrate evidence-based child safety practices in these care settings. The Children's Safety Network Program will build upon this foundation, forging collaborative partnerships across silos and state lines, to create improvements which can be measured by reducing child death and injury-related hospitalizations and emergency department visits by 100,000 across three years of activity. Specific objectives for the program include:

- Produce measurable improvements in child safety by reduced injury-related mortality, hospitalization and emergency department visit rates.
- Increase the adoption of evidence-based state and local policies and practices which demonstrate effectiveness in keeping infants, children and youth safe from injuries.
- Integrate effective prevention strategies into standards of practice among systems that serve the infants, children and youth at highest risk.
- Increase alignment among public and private policies and programs to more effectively and efficiently keep children safe, enhancing the long-term sustainability of protective strategies advanced through the program.

¹ Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS), 2010.

² Figure derived from 2005 Centers for Disease Control and Prevention (CDC) cost estimates applied to 2012 hospitalization counts reported via National Electronic Injury Surveillance system (NEISS).

The activities of the Children’s Safety Network Program builds upon three complementary frameworks: [Healthy People 2020](#), the [National Action Plan for Child Injury Prevention](#), and national and state performance measures for the [MCH Block Grant program](#). Three national MCH Block Grant performance measures relate directly to child safety: rate of injury-related hospitalization among children ages 0-19, safe infant sleep behavior, and bullying prevalence. Additional child safety-related state performance measures will be identified in July 2015. The program also directly contributes to three of HRSA’s Strategic Goals: Goal I- Improve Access to Quality Health Care and Services; Goal III- Build Healthy Communities; and Goal IV- Improve Health Equity.

This cooperative agreement program will support Maternal and Child Health Block Grant Programs and their partners in effectively and measurably reducing child injuries through the integration of evidence-based policies and practices into existing health and safety service delivery systems. A minimum of 15 early adopter states will be activated in Year One to employ a Collaborative Innovation and Improvement Network (CoIIN) methodology across 12-18 months to model rapid change strategies for improving child safety, establishing guidance for the scaling-up of effective interventions across additional state and local communities. A second cohort of at least 15 states will be convened in Year Two to launch additional Child Safety CoIIN activities.

Funding Opportunity Title:	Children’s Safety Network Program
Funding Opportunity Number:	HRSA-15-067
Due Date for Applications:	March 2, 2015
Anticipated Total Annual Available Funding:	\$1,200,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$1,200,000
Cost Sharing/Match Required:	No
Project Period:	July 1, 2015 through June 30, 2018 (Three (3) years)
Eligible Applicants:	An eligible applicant for funding in this competition is any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). Community-based organizations, including Faith-based organizations are eligible to apply. See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.

All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance Call:

A technical assistance call will be held on Monday, January 5, 2015, from 1:00 P.M. - 2:00 P.M. Eastern Time. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions.

Call information is as follows: call number: 866-692-4541, code: 3004776649#.

The following meeting web link will be used to display the FOA:

<https://hrsa.connectsolutions.com/csnprogram/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the *Children's Safety Network Program*. The purpose of this cooperative agreement program is to reduce fatal and serious injuries among infants, children and youth by 100,000 over the next three (3) years by increasing the adoption of effective child safety interventions at the national, state and local levels. Increased implementation of evidence-based policies, programs and practices through collaborative improvement and innovation models are expected to lead to a measurable improvement in child safety among the maternal and child health populations. Specific objectives for the program include:

- Produce measurable improvements in child safety by reduced injury-related mortality, hospitalization and emergency department visit rates.
- Increase the adoption of evidence-based state and local policies and practices, which demonstrate effectiveness in keeping infants, children and youth safe from injuries.
- Integrate effective prevention strategies into standards of practice among systems that serve the infants, children and youth at highest risk.
- Increase alignment among public and private policies and programs to more effectively and efficiently keep children safe, enhancing the long-term sustainability of protective strategies advanced through the program.

The Children's Safety Network Program activities set forward in this funding opportunity announcement are built upon four conceptual pillars:

Partnership

The Children's Safety Network Program will be responsible for the creation, support and implementation of a national initiative to support maternal and child health workforce capacity in the area of child safety and facilitate further implementation of CoIIN strategies to meet the expectation of reducing child injury-related death, hospitalizations and emergency department visits by 100,000 across three years of activity.

- A standing National Steering Committee will be convened and supported by the Children's Safety Network Program, will provide leadership, guidance and support to drive action on behalf of the National Coordinated Child Safety Initiative. This new forum for fostering strategic focus and synergy among public and private stakeholders will establish a cohesion that is currently absent from the field of child safety.
- The work of the Children's Safety Network Program will establish and strengthen partnerships between prevention-focused public health stakeholders and health care providers and delivery systems, as recommended in the 2012 Institute of Medicine consensus study titled [*Primary Care and Public Health: Exploring Integration to Improve Population Health*](#).
- Key stakeholders to be convened by the Children's Safety Network Program through the National Steering Committee will represent leadership of the following domains that support child safety efforts:
 - Federal agencies: the Health Resources and Services Administration, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Administration for Children and Families, Indian Health Service,

National Institutes of Health, Consumer Product Safety Commission, National Highway Traffic Safety Administration, Office of Juvenile Justice and Delinquency Prevention, Department of Education, etc.

- State and tribal leadership: state health officers, state maternal and child health directors, state injury and violence prevention directors; state Medicaid directors, emergency medical services systems leadership; state highway safety leadership; National Indian Health Board, etc.
 - Health care providers and systems that serve children and youth: community health centers, pediatricians, family physicians, nurses, psychologists, etc.
 - Child injury prevention research: the Society for the Advancement of Violence and Injury Research (SAVIR), Injury Control Research Centers, Injury-Free Coalitions, etc.
 - Existing national efforts to promote child safety: Bright Futures Initiative, National Organizations for Youth Safety, National Coordinating Committee on School Health and Safety, National Center for the Review and Prevention of Child Death, etc.
 - Youth-serving institutions in local communities: local health departments, YMCA recreation facilities, etc.
- The CoIIN itself is built upon a state-to-state network infrastructure, increasing the sharing of best practices and lessons learned among a peer-to-peer framework, including stakeholders that can impact policy and practices to show measurable outcomes in a short time period.
 - The Children's Safety Network Program will establish specific metrics of success to quantify and qualify the degree of increased alignment, synergy and public health impact achieved through partnership building activities.

Quality Improvement

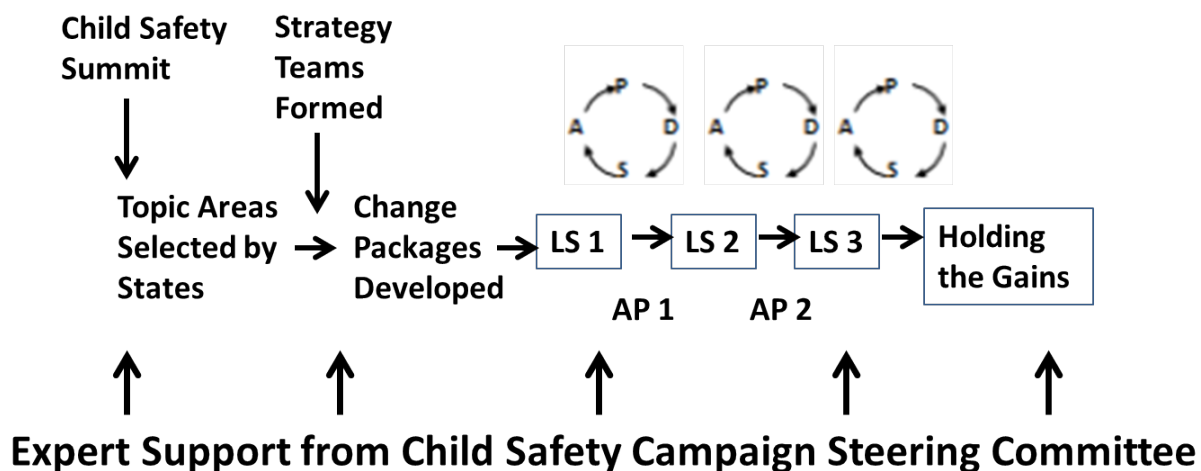
The Children's Safety Network Program will apply a Collaborative Innovation and Improvement Network (CoIIN) methodology to advance child safety by driving improvements within the systems that reach the infants, youth and children most at risk for fatal and serious injuries; settings for intervention include the health care, education, transportation, and child care systems, among others. A CoIIN has been described as a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work. Key elements of the Child Safety CoIIN include:

- Coordinated strategies: Leadership from participating states will attend a child safety summit to implement a strategic planning process to identify strategies that will be jointly advanced across state lines.
- Collaborative learning: "Cyber-teams" will be formed to focus on the advancement of priority child safety strategies, meeting regularly to learn from subject matter experts and state practical experiences.
- Common benchmarks: The ability to define and measure the unified success of work using a balance of outcome, process and balancing measures is integral to the model. These metrics will directly measure child injury-related deaths, hospitalizations and emergency department visits or link closely to demonstrate strong association with these outcomes.
- Rapid test cycles: Strategy teams will design "change packages" which use real-time data to drive improvements.

The CoIIN will use the Institute for Healthcare Improvement (IHI) Collaborative Model for spreading improvement across several settings. Also known as the Breakthrough Series (BTS), this model was developed in 1996 to help healthcare organizations make improvements in quality while reducing costs. Teams participating in the Child Safety CoIIN will commit to working and learning from each other and from expert faculty over a specified period of between 12 and 18 months, alternating between planned technical assistance or formal learning activities and “action” periods of Plan-Do-Study-Act (PDSA) cycles as illustrated below. The Children’s Safety Network Program will launch CoIIN activities with two distinct cohorts of states across the three-year cooperative agreement program.

Child Safety CoIIN

12-18 Months Lifespan



Source: Adapted from IHI, BTS Collaborative.

LS- Learning Session
AP- Action Period

Accountability

- The Children’s Safety Network Program will increase the documentation of quantitative and qualitative data to assess process, outcome and impact measures associated with child safety promotion efforts.
- CoIIN activities will have significant emphasis on real-time measurement data collected through a web-based data dashboard which allows the state strategy specific teams to report monthly qualitative and quantitative information on both topic-specific and common measures of progress and to share reports and materials among teams.
- These data will be also be used to inform scale-up efforts for identified child safety interventions.

Evidence

- The National Coordinated Child Safety Initiative will serve as a mechanism to scale up evidence-based interventions in child safety.
- All child safety strategies advanced through the National Coordinated Child Safety Initiative will be monitored and evaluated closely to document improvements, further building the body of evidence around best practices for keeping kids safe.
- The Center for Disease Control and Prevention (CDC) [Continuum of Evidence of Effectiveness](#) will serve as a framework to guide decision-making in selecting interventions to implement in the CoIIN.
- The Children's Safety Network Program will develop and implement a clear dissemination plan to catalyze the adoption of successful strategies within systems that serve maternal and child health populations, each of which should be represented on the National Steering Committee. Electronic technologies (website, social media, etc.) will be used to increase knowledge about the existing and growing evidence base of child safety interventions.

Three Components of Activity

The Children's Safety Network Program objectives/goals will be advanced through three primary components of activity: a National Coordinated Child Safety Initiative, Child Safety Collaboration Innovation and Improvement Network (CoIIN) Activities, and Child Safety Promotion Capacity Building.

Component 1: National Coordinated Child Safety Initiative (approximately 10% effort)

The awardee shall have specific responsibilities for the creation, support and implementation of a National Coordinated Child Safety Initiative to support improvements in adoption of evidence-based policies, programs and practices which can be measured by reducing child death and injury-related hospitalizations and emergency department visits by 100,000 over the next three years. The initiative will establish an infrastructure to facilitate support and consensus among key national stakeholders, ensure CoIIN's alignment among other national initiatives to heighten synergy, and increase sustainability of the effort among maternal and child health populations. The National Coordinated Child Safety Initiative builds upon three complementary frameworks:

- Healthy People 2020 objectives, as applied to youth ages 0-19 years
 - HP 2020 Objective IVP 1.1: Reduce fatal injuries.
 - HP 2020 Objective IVP 1.2: Reduce hospitalizations for non-fatal injuries.
 - HP 2020 Objective IVP 1.3: Reduce emergency department visits for non-fatal injuries.
- National and state MCH Block Grant Performance Measures
 - Rate of injury-related hospitalization among children ages 0-19
 - Safe infant sleep behavior
 - Bullying prevalence
 - *Child safety-related state performance measures will be identified in July 2015.*
- [National Action Plan for Child Injury Prevention](#)
 - The National Action Plan for Child Injury Prevention was developed by the CDC and more than 60 stakeholders to spark action across the nation to protect children from injuries.

- The Plan sets forward recommended actions in six domains: data and surveillance, research, communications, education and training, health systems and health care, and policy.
- Specific actions pertaining to HRSA service delivery systems include:
 - Standardize data collection and reporting key data systems, such as child death reviews. Child death reviews can be most effective if they utilize standard data collection methods and when they are used to inform decision making about interventions.
 - Support the inclusion of child injury risk assessment; counseling; and remediation in the Maternal, Infant and Early Childhood Home Visitation Program.
 - Integrate prevention education into community health programs that serve new residents, immigrants, and low-income families.
 - Integrate child safety education into pediatric visits, well-baby visits, and at post-partum discharge.
 - Implement child injury prevention programs through community-based prevention funding and through the Bright Futures Initiative.
 - Develop guidelines for adopting and promoting best practices in child injury prevention throughout the health care system.
 - Augment state and local health department capacity to address child injury prevention.
 - Accelerate the translation and implementation of evidence-based interventions into the health care setting.
 - Increase universal access to poison control centers, comprehensive trauma care systems, pre-hospital care, and preventive services.
 - Expand the scope and reach of the Emergency Medical Services for Children (EMSC) Program to adequately serve rural residents and disadvantaged high-risk children and youth.
 - Enhance the capacity of maternal and child health care practices throughout the United States to fully support child injury prevention.
 - Integrate injury prevention programs, such as the Bright Futures Initiative, into patient safety, well-child visits, Women, Infants and Children (WIC) services, and hospital discharge planning.
 - Create comprehensive statewide networks for home- or clinic-based care for every seriously injured child.
 - Develop and improve compliance with a standardized methodology for conducting child death reviews in accordance with a state's authorizing legislation, and encourage all states to investigate all injury-related child deaths.

Responsibilities of the Children's Safety Network Program include:

- a. Support to a National Steering Committee
 - 1. Regularly convene a National Steering Committee comprised of representatives from key national stakeholders including federal agencies, as well as a consortium of task forces which focus on specific domains of child safety. At least one face-to-face meeting should be held per year, in the Washington, DC, area.
 - 2. Provide staffing and logistical support for meetings of the committee and task forces, including compensation for a chairperson with expertise and national

leadership experience in child safety, coalition building and knowledge of health delivery systems. The chairperson shall be selected in collaboration with HRSA after the notice of award is issued.

3. Facilitate the National Steering Committee's actions to develop and advance the strategic vision of the national initiative, establishing support and consensus among key national stakeholders for initiative objectives and metrics of success.
- b. Facilitate collaboration to increase strategic partnerships among national, state and community programs to heighten synergy and alignment in advancing child safety. Partnership building activities should increase the ability to measure impact through common data metrics, as well as enhance the long-term sustainability of protective strategies advanced through the program. Specifically, the following programs and stakeholders should be engaged: state Maternal and Child Health Block Grant programs, state Core Violence and Injury Prevention programs, state Emergency Medical Services for Children programs, Child Care and Development Block Grant programs, Poison Control centers, state mental health authorities, state highway safety offices, infant and child death review programs, home visiting programs, etc.
- c. Broaden the partnership base of the effort through activities to raise awareness of campaign objectives, including the increase of knowledge regarding effective strategies to decrease injury-related childhood morbidity and mortality, through outreach to systems of care that reach the infants, youth and children most at risk for fatal and serious injuries.

Component 2: Child Safety Collaborative Innovation and Improvement Network (COIIN) Activities (approximately 75% effort)

The Collaborative Innovation and Improvement Network (CoIIN) methodology will leverage a public-private partnership to achieve the goal of reducing child injury-related deaths, hospitalizations and emergency department visits by 100,000 over the next three years. CoIIN participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks. This technique has recently been modeled in the MCHB-supported [Infant Mortality CoIIN](#). Due to the nature of the CoIIN model, there are distinctions between the work of Year One versus Years Two and Three, further described below.

Responsibilities of the Children's Safety Network Program include:

YEAR ONE

- a. Planning activities
 1. Identify and convene key state representatives from at least 15 participating states in the first cohort of CoIINs to catalyze the development of state child safety promotion plans. At a minimum, state team invitations should be extended to the state health officer, the state maternal and child health director, the state injury and violence prevention director and the state poison control center director. The states invited to participate in Year One will include those that select MCH Block Grant National Performance Measures related to child safety (injury-related hospitalizations, safe infant sleep behavior or bullying prevalence). The Children's Safety Network Program will provide state level data describing the burden of childhood injury-

- related morbidity and mortality to inform the strategic planning process. These data should address racial-ethnic, socioeconomic and other disparities.
2. Assist state representatives in identifying common strategies based on the state child safety promotion plans. By June 2016, all participating states will have clear structural measures that are closely linked to injury-related morbidity and mortality in place to measure progress towards the goals of the National Coordinated Child Safety Initiative, as evidenced through the state's MCH Block Grant application or other formalized documentation.
 3. Establish Strategy – specific Teams for the CoIIN.
 4. Provide linkages such that the National Coordinated Child Safety Initiative national steering committee, among other stakeholders and experts, can inform the work of the CoIIN initiatives overall and among selected Strategy-specific Teams as appropriate.
 5. Establish and support processes to foster ongoing productive engagement of state strategy team members (i.e., CoIIN participants) throughout the life of the CoIIN.
 6. Finalize technical content, and plan and implement technical assistance activities for the participating state Strategy-specific Teams.
- b. Orientation to the Quality Improvement (QI) Process
1. Orient CoIIN participants on QI process and related principles and practices. Training provided will focus on:
 - Identifying and creating QI aim statements.
 - Selecting evidence-based strategies to achieve QI aim statements.
 - Specifying a balance of process, outcome and balancing measures (and related data sources) to track progress towards meeting stated QI aim statements.
 - Using QI related tools and strategies (i.e. driver diagrams) in these processes.
 2. Develop a separate orientation process for CoIIN Strategy Team leadership (including Leads, Data Experts and Staff) to address relevant quality improvement/collaborative learning concepts and provide technical assistance designed to maximize team productivity during learning sessions and throughout the life of the CoIIN.

YEARS TWO-THREE

- c. Technical Assistance for Advancement of CoIIN Aims.
1. Introduce regional CoIIN strategy-specific Teams to the Institute for Healthcare Improvement/Breakthrough Series (IHI/BTS) QI model.
 2. Conduct technical assistance activities to CoIIN participants, including expert faculty, strategy-specific teams and partner organizations. Technical assistance should address quality improvement methodology, collaborative learning (CL) principles and effective practices to improve child safety and reduce injury-related morbidity and mortality through a multistate process.

- a. Plan and conduct regularly scheduled collaborative learning sessions covering topics that will assist CoIIN project teams in implementing change cycles, including:
 - i. Provide logistics for virtual learning sessions.
 - ii. Create an outline of topics to be covered during learning sessions. The sessions should cover, but not be limited to, the following topics and be determined through input of the teams:
 - Quality improvement principles and practices.
 - Science and practice of collaborative learning.
 - Sharing of best practices related to the reduction of injuries to children generally and in relation to the selected strategies in particular.
 - How to plan implementation of change strategies.
 - How to select measures that directly impact injury-related mortality and track progress towards quality improvement aims.
 - Sharing of state progress achieved through the CoIIN.
 - Steps for sustaining newly implemented changes.
 - iii. Provide follow-up technical assistance and guidance to individual strategy-specific teams on topics covered during learning sessions.
 - b. Provide technical assistance and support to the Team Leads for each of the strategy-specific Teams. Support may include:
 - i. Training on roles of team leads and effective cyberteam formation, and management;
 - ii. Assisting with the identification and recruitment of additional team members (as needed) to effectively address the chosen Strategy area;
 - iii. Determining data or methods experts for each of the strategy-specific Teams. One approach for the leadership team of CoIIN strategy-specific Teams is to include two (2) team leads, one (1) to two (2) data and/or methods experts, and one (1) to three (3) staff members drawn from partner organizations. Recipients may follow this structure or suggest an alternative plan for the structure of the CoIIN strategy-specific Teams that will produce similar impact.
 - c. Provide ongoing technical assistance to each strategy-specific Team on the implementation of chosen quality improvement process/model and small tests of change, to include:
 - i. Implement Team-identified strategies at the state level;
 - ii. Measure and track progress towards successful implementation of these strategies and achievement of the stated quality improvement aims;
 - iii. Identify process, outcome and balancing measures; and
 - iv. Adjust strategies as needed based on information gleaned from available measures.
3. Provide a process for assessing technical assistance needs of regional CoIIN project teams, specifically related to QI and CL, and include a formatted regular report to MCHB staff.

4. Provide or identify an existing secure website to facilitate the collaboration of the participating teams (i.e., OneHub, Yammer). The internet-based collaborative workspace must have the ability to store and share documents for each state strategy specific team and facilitate communication among team members.
 5. In collaboration with the National Maternal and Child Health Data Resource Center, the Children's Safety Network Program must also secure or support the development of a web-based data dashboard which allows the state strategy specific teams to report monthly qualitative and quantitative data on both topic-specific and common measures of progress and to share reports and materials among teams. The system will be capable of receiving, tracking, and displaying multiple types of data in real-time and in a uniform manner to allow for comparison and tracking of state progress over time. The data dashboard should also have security features which limits public access to the information/data.
 6. Provide technical assistance to state strategy teams on data capacity, with a specific focus on how to track progress of chosen quality improvement aims through the use of real-time data. In this capacity, the recipient should provide technical assistance to states on:
 - a. Engaging data experts for each Strategy Team;
 - b. Identifying potential data sources such as Medicaid data, state emergency department data, poison center data, Healthcare Cost and Utilization Project (HCUP) data, data from state home visiting programs, child death review data, fetal and infant mortality review data, Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Survey (YRBS), National Emergency Medical Services Information System (NEMSIS);
 - c. Assisting in building in-roads to national data sources where possible and supporting state-based efforts to utilize existing data (i.e. HCUP, YRBS, PRAMS);
 - d. Assisting Teams in addressing data sharing issues; and
 - e. Supporting the engagement of epidemiologists in each state to understand and promote data capacity and coordinate data tracking requests across strategy areas.
 7. Provide technical assistance to Strategy Teams on how to sustain and institutionalize CoIIN activities and practices. Technical assistance should be provided on specific steps needed to maintain these activities at the state and regional levels. Technical assistance may involve, but is not limited to:
 - a. Providing guidance on the process for incorporating CoIIN strategies into current state and regional activities on child safety;
 - b. Providing guidance on steps for securing partners to continue CoIIN strategies and build on lessons learned.
- d. Dissemination and Sustainability
1. Reconvene participants at the close of the CoIIN to discuss outcomes of each project, and methods of documentation and dissemination of findings.
 2. Develop sustainability plans for successful strategies advanced through the CoIIN.

- e. Convene a second cohort of at least 15 states to launch a second Child Safety CoIIN, replicating all the activities previously set forth, and further broadening the reach of the National Coordinated Child Safety Initiative.

Component 3. Child Safety Promotion Capacity Building (approximately 15% effort)

The Children's Safety Network Program will develop core injury and violence prevention capacity within health and safety services and systems which serve infants, children and adolescents including those with special health needs. Targeted systems include: state health departments, child death review programs, community health centers, Emergency Medical Services for Children programs, among others. Program activities enhance these systems' abilities in such domains as: advancing commitment to injury and violence prevention; needs assessment, planning and evaluation; surveillance and data systems; development of partnerships; program and system development; formulation of policy; and technical assistance to states, communities and families. These technical assistance activities will be ongoing, responsive to the full breadth and depth of child safety issues, and accessible to all target audiences regardless of their participation in a Child Safety CoIIN. This component of the Children's Safety Network Program is designed to increase the effectiveness of efforts to reduce childhood injury-related morbidity and mortality.

These activities of the Children's Safety Network Program should also include two specific areas of focus, which align with the following two national performance measures of the Maternal and Child Health Block Grant Program:

Bullying Prevention: the Children's Safety Network Program will support health and safety services and systems to increase their capacity to reduce bullying and its impact on youth involved. In particular, guidance will be provided to help state health departments explore the application of collaborative innovation and improvement methods to facilitate coordinated actions among a variety of state stakeholders, including state education agencies, justice system representatives, health care systems and families, among others.

Safe Infant Sleep Promotion: the Children's Safety Network Program will provide subject matter expertise and support in national and state-level activities to promote safe sleep for babies, including engagement in the HRSA-funded Safe Infant Sleep Systems Integration Program implementation and with health and safety services and systems working to reduce the Sudden Unexpected Infant Death (SUID) rate.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)), as amended.

More children and adolescents die from injuries and violence than all diseases combined, and injuries are a leading cause of disability. Every year, one in nine young people is injured seriously enough to require medical attention, and nearly 320,000 hospitalizations³ occur due to these injuries. Injuries are a leading cause of medical spending for children and adolescents, a

³ HCUP Nationwide Inpatient Sample (NIS), 2010.

burden estimated at \$4 billion⁴ in annual healthcare costs for hospitalizations alone. Suffering a serious injury can have a tremendous impact on a child's ability to live to their full potential, often leading to a lifetime of special health care needs that change the lifecourse of both the child and their family. During the past three decades, researchers and practitioners have successfully led efforts to understand the causes of these injuries and to generate an evidence base describing effective interventions. In spite of this progress, a gap persists in the broad implementation of these protective strategies. HRSA, MCHB and state MCH Block Grant programs support systems of care that reach children and their families, and are well-poised to drive systems changes that integrate evidence-based child safety practices in these care settings. The Children's Safety Network Program builds upon this foundation, forging collaborative partnerships across silos and state lines, to create improvements to reduce injury-related childhood morbidity and mortality.

As documented in the 1999 Institute of Medicine report [*Reducing the Burden of Injury: Advancing Prevention and Treatment*](#), HRSA's Children's Safety Network (CSN) program was established in 1991 to provide content expertise and technical support to activate the translation of injury prevention research into practice at the state and local levels. Historically, the Children's Safety Network Program primarily achieved its aims through engagement with Maternal and Child Health (MCH) and Injury Prevention programs within state health departments. These efforts often centered on supporting state health departments as they worked to address national and state MCH Block Grant performance measures. The MCH Block Grant program is in the midst of a transformation, resulting in a new set of national performance measures. Previously, all MCH programs responded to two safety-related national performance measures (suicide rate among adolescents and Motor Vehicle-crash fatality rate among children), while 46 states have included intentional and/or unintentional injuries in their state performance measures. In the spring of 2015, the following three new national MCH Block Grant performance measures will become active: rate of injury-related hospitalization among children ages 0-19, safe infant sleep behavior and bullying prevalence. Additional child safety-related state performance measures will be selected by states in July 2015. The Children's Safety Network Program will continue its support to states in translating child safety research to practice, but its methods will evolve in alignment with the changing context.

Activities of the Children's Safety Network program will directly support three of HRSA's Strategic Goals.

Goal I: Improve Access to Quality Health Care and Services

A key resource for improving child safety lies within the HRSA-funded Bright Futures Initiative, developed in collaboration with the American Academy of Pediatrics. This effort sets forward a comprehensive set of health supervision guidelines, including child safety recommendations, developed by multidisciplinary child health experts, providing a framework for well-child care from birth to age 21. The Affordable Care Act established policy requiring all private health plans to cover Bright Futures Initiative preventive services for infants, children and adolescents without patient/family cost-sharing. As such, the Children's Safety Network Program activities

⁴ Figure derived from 2005 CDC cost estimates applied to 2012 hospitalization counts reported via National Electronic Injury Surveillance system (NEISS).

will naturally intersect with state and local efforts to meet this standard, as well as assess and improve the quality of the preventive services provided.

Goal III: Build Healthy Communities

A central aim of the Children's Safety Network Program is to effect systems changes to improve health outcomes for infants, children and adolescents. The program's efforts to promote child safety policies and practices through collaborative improvement and innovation will advance the health, safety and well-being of communities nationwide.

Goal IV: Improve Health Equity

While fatal and serious injuries affect children from all communities, significant disparities do exist across racial/ethnic, geographic and socio-economic spectra. The Children's Safety Network Program will infuse all activities with the vision of advancing health equity. Specifically, the Children's Safety Network will set forth innovative data analysis techniques to better understand and communicate existing disparities. It will also integrate a social determinants of health framework into the strategic planning process performed by state representatives at the child safety summits, and will assure that a reduction in health and safety disparities becomes integrated into the metrics of success for the National Coordinated Child Safety Initiative and the CoIIN activities.

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

Joint Responsibilities of Awardee and HRSA/MCHB

HRSA/MCHB and the awardee have a joint responsibility to determine which issues will be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the program.

HRSA Program Responsibilities

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities shall include:

- 1) Assure the availability of the services of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement;
- 2) Assist in establishing Federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- 3) Identify other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships;

- 4) Assist the awardee to establish, review and update priorities for activities conducted under the auspices of the cooperative agreement; and
- 5) Provide review, advisory input, and approval of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement.

Cooperative Agreement Recipient Responsibilities

The cooperative agreement recipient's responsibilities shall include:

- 1) Adhere to the process of planning and executing the National Coordinated Child Safety Initiative, Child Safety CoIIN and Child Safety Promotion Capacity Building activities as outlined in the Purpose section of this funding opportunity announcement;
- 2) Respond in a flexible manner to collaborating on short-term, long-term and ongoing projects;
- 3) Work closely with the Federal Project Officer when hiring new key project staff and planning/implementing new activities;
- 4) Consult with the Federal Project Officer in conjunction with scheduling any meetings, including project advisory/steering committee meetings, that pertain to the scope of work and at which the Project Officer's attendance would be appropriate (as determined by the Project Officer);
- 5) Provide the Federal Project Officer with the opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- 6) Provide the Federal Project Officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- 7) Participate in the implementation of awardee performance measures, including the collection of information and administrative data, as designated by MCHB;
- 8) Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
- 9) Identify HRSA/MCHB as a funding sponsor on written products and during meetings relevant to cooperative agreement activities; and
- 10) Acknowledge that HRSA/MCHB has uncontested access to any and all data generated under this cooperative agreement, and agree to provide royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately \$1,200,000 is expected to be available annually to fund one (1) awardee. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to \$1,200,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for Special Projects of Regional and National

Significance in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). Community-based organizations, including faith-based organizations, are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*

This section should briefly describe the purpose of the proposed project.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*

(1) Applicants should summarize the need for health and safety services and systems which serve infants, children and adolescents to be as evidence-based; as possible utilizing best prevention practices strategies, interventions, and programs in responding to injury and violence prevention programming needs. Applicants should address the following systems, along with others seen as relevant: state health departments, child death review programs, community health centers, and Emergency Medical Services for Children programs. Applicants should also incorporate how information gained from the state/territory MCH needs assessment, Safe States Alliance State Technical Assessment Team (STAT) visit recommendations, recommendations from the state Child Death Reviews (CDR) Reports, and the recommendations from the Fetal Infant Mortality Reviews (FIMR), among others, can provide direction for injury and violence prevention programming.

(2) Applicants should summarize the need to enhance communication, interaction, and coordination on child safety promotion through initiating and maintaining partnerships and collaborative relationships with national organizations, key state and local entities, health, education, Medicaid and third party payors, and safety networks, and other identified MCHB partners.

(3) Applicants should summarize the need to compile and share morbidity and mortality information including injury surveillance and injury cost modeling in order to improve and evaluate state/territorial child safety promotion activities. (An injury cost model is a set of computer programs and data bases that are used to estimate the burden that results from an injury, including medical and other resource costs, work loss, and quality of life loss. Injury cost models typically are used to estimate the burden resulting from a set of injuries or the burden avoided by preventing a set of injuries.)

(4) Applicants should use data to describe health disparities that exist within the burden of injuries and violence experienced by children ages 0-19. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions must be considered. Applicants should also describe how socio-cultural determinants of health influence the inequities described through data, and the need for prevention strategies to be infused with best practices of cultural competence.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria 2, 3 and 4*

(1) Applicants should propose methods that will be used to meet the program requirements and expectations in this funding opportunity announcement, specifically how the applicant will simultaneously perform the three components of activity set forth in the [Purpose section](#): National Coordinated Child Safety Initiative, Child Safety CoIIN Activities, and Child Safety Promotion Capacity Building to meet the expectation of decreasing child injury-related deaths, hospitalizations and emergency departments by 100,000 over the next three years.

(2) The applicant should note the overall strategy, methodology, and analyses and establish that the approach is well-reasoned and appropriate to accomplish mission, goal, strategies and activities of this program. Potential problems, alternative strategies and benchmarks for success should be presented. A strategy should be outlined to establish management of any risky aspects of the project.

(3) Applicants should provide information that shows an understanding of the challenges faced by collaborative teams in implementing rapid change through quality improvement processes and identify the specific technical assistance needs required to address them. Strategies in the work plan should reflect the needs and challenges that have been identified.

(4) The following methods should specifically be included, organized by the components listed in the [Purpose section](#) of this funding opportunity announcement:

Component 1: National Coordinated Child Safety Initiative

- Creation and advancement of a National Coordinated Child Safety Initiative to inform health and safety systems that serve children at highest risk for injury and violence, including engagement with the programs specified in [Component 1](#) of the Purpose section of this funding opportunity announcement.
- Facilitation of a National Steering Committee comprised of diverse stakeholders.
- Develop a plan for collecting, analyzing, synthesizing, and disseminating evidence-based best practices, building upon the expertise and resources of the National Steering Committee members to demonstrate a reduction in childhood injury-related morbidity and mortality.

Component 2: Child Safety CoIIN Activities

- Develop a plan for coordinating multiple regional or topic-specific CoIINs and the staff available to assist in the implementation of regional CoIIN projects. Please note that each CoIIN should occur over a period of 12-18 months. The applicant should address how this would be accomplished and ability to staff each CoIIN during this period of time, accounting for potential overlap between the first cohort of approximately 15 states to launch in Year One and the second cohort of 15 additional states to launch at a later date;
- Implementation of the Institute for Healthcare Improvement (IHI)/Breakthrough Series (BTS) Collaborative Model for spreading improvement across several settings, as described in the Purpose section of this funding opportunity announcement.
- Operate and maintain an Internet-based work space for virtual CoIIN strategy teams and results-sharing capacity;
- Describe how the proposed plan will work in collaboration with the National Maternal and Child Health Data Resource Center Cooperative Agreement Program to promote collecting, utilizing, and reporting data through the online web portal;
- How the applicant will utilize not only in-person but also virtual technologies to conduct collaborative learning sessions as well as provide ongoing technical assistance through webcasts, webinars and other innovative technology or approach;
- Describe a plan for achieving sustainability of CoIIN projects and the web portal. Neither cost sharing nor matching are required for this project. However, applicants are encouraged to include in their application any participation by stakeholders at the local and state level as an indicator of organizational support for the project and the likelihood that the project will continue after Federal support has ended.
- Describe a plan for collecting, documenting and disseminating quantitative and qualitative successes of the interventions advance through the CoIIN.
- Discuss how methods will ensure coordination with HRSA and the National Coordinated Child Safety Initiative;

Component 3: Child Safety Promotion Capacity Building

- Describe a plan for securing subject matter expertise for the provision of child safety promotion technical assistance to health and safety services and systems.
- Discuss a strategy for providing proactive outreach to state MCH Block Grant programs within two specific areas of focus: bullying prevention and safe infant sleep promotion.

(5) Describe how the program methodology will address racial-ethnic, socioeconomic and other disparities in injury-related child mortality and hospitalizations, including the meaningful engagement of underserved populations such as rural and tribal communities. Specifically describe how the program will include families with children with special health care needs; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; or other populations identified through the needs assessment that may otherwise be overlooked by the program.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section, organized by the three components of activity set forth in the [Purpose section](#) of this funding opportunity announcement. Use a timeline that includes each activity, identifies responsible staff and indicates milestones of progress. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

(1) Applicants should include a Work Plan that describes the sequence of specific activities and steps that will be used to carry out each proposed methodological approach. Program objectives should be SMART (specific, measurable, achievable, relevant, and time measurable), with detailed action steps describing how objectives will be attained. Applicants should explicitly describe who will conduct each activity, as well as when, where, and how each activity will be carried out.

(2) A detailed timeline of proposed project activities should be developed by the applicant, and include as Attachment 1 (see Section IV.2.xi). The timeline should link activities to project objectives and should cover the three (3) years of the project period.

(3) Applicants should describe an efficient and effective plan for managing the project, including its personnel and resources. NOTE: Organizations or agencies that are submitting a joint-application must provide information on how they will ensure lines of communication and consistent and timely, high quality of work irrespective of which organization is leading the specific task.

(4) Applicants should describe an effective plan for monitoring and tracking project activities.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 2 and 5*
Applicants should discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*

Applicants should describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Emphasis should be focused on experience related to managing collaboratives, promotion of child safety, providing technical assistance, creating technical assistance modules and materials and should include the following:

(1) Applicants must describe the data collection strategy or process that will be used to evaluate model components and processes for ease of use and understandability among participants. Explain how the data (results) will be used to inform or improve the program implementation. Data elements should include injury-related deaths, hospitalizations and emergency department visits. Additional data elements used

should link closely with these morbidity and mortality measures. Efforts should be made to build upon existing Maternal and Child Health data and surveillance systems, including child death review, fetal and infant mortality review, and home visiting programs, in addition to established health and injury specific data sources. Please describe the methods and tools that you plan to use to collect data to track the progress of the project. NOTE: Organizations or agencies that are submitting a joint-application must provide information on how they will monitor and assess performance of methods and activities being completed by partner organizations helping to implement the activities included in the work plan for this cooperative agreement.

- (2) Applicants should provide information on experience with developing and maintaining an Internet-based work space. Discuss the hardware and software tools planned for storing documents and tools created by members of the CoIIN, and logistics for maintaining engagement of cybertteams.
- (3) Applicants should describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- (4) Applicants should describe how project personnel are qualified by training and/or experience to provide quality technical support. In particular:
 - a. The extent to which the personnel have demonstrated national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health and safety.
 - b. The extent to which the personnel demonstrate capacity to provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action on the state and local levels, including subject matter expertise in the fields of bullying prevention and safe infant sleep promotion.
 - c. The extent which the personnel demonstrate capacity in planning, training, and executing quality improvement activities and to be familiar with the IHI breakthrough series.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Provide information on the applicant organization's ability, capacity, and past experience to:

- Demonstrate national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health and safety.
- Provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action on the state and local levels. Specifically describe the applicant organization's subject matter expertise in bullying prevention and safe infant sleep promotion.
- Support development and maintenance of cybertteams;
- Monitor internal QI processes; and
- Meet each of the previously-described program requirements and expectations in this funding opportunity announcement.

ADDITIONAL NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a bridge between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response , (3) Evaluative Measures, & (4) Impact
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response & (5) Resources/Capabilities
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#).

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the Children’s Safety Network Program requires the following:

The budget should reflect adequate support to effectively implement all face-to-face meetings proposed, including the National Steering Committee and the child safety summits which serve to launch each cohort of the Child Safety CoIIN activities.

v. ***Program-Specific Forms***

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the Children's Safety Network Program and Submission of Administrative Data*

To inform successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U49_2.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

vi. ***Attachments***

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. The timeline, as referenced on Page 18, should also be included in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 7 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 2, 2015 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

4. Intergovernmental Review

The Children's Safety Network Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's [*SF-424 Application Guide*](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$1,200,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds awarded under this announcement may not be used for the following purposes:

Shared Staffing: Applicants proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., CISS, SPRANS, Healthy Start, Title V Block Grant, WIC) should assure that the combined funding for each position does not exceed 100% FTE. If such an irregularity is found, Children's Safety Network Program funding will be reduced accordingly.

Shared Equipment: Applicants proposing to purchase equipment which will be used across multiple grants/programs (e.g., CISS, SPRANS, HS, Title V Block Grant, WIC) should prorate the costs of the equipment across programs and show the calculation of this pro-ratio in their justification. If an irregularity is found where Children's Safety Network Program equipment is being used by other programs without reimbursement, Children's Safety Network Program funding will be reduced accordingly.

Lobbying: Funds cannot be used to lobby the Executive or Legislative branches of the Federal Government or any State Legislature. All applicants should review and sign the Grants.gov Lobbying Form certifying that project funds are not being used for lobbying activities. Pursuant to Section 1352 of Title 31, United States Code, **all grantees must now disclose any lobbying undertaken with non-Federal** (non-appropriated) funds. If non-Federal funds are being used for lobbying activities, grantees must disclose this information by completing Standard Form LLL "Disclosure of Lobbying Activities."

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Children's Safety Network Program* has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant details their understanding of the purpose for the project.
- The extent to which the application demonstrates an understanding of the burden of injury and violence among infants, children and youth ages 0-19, including existing disparities.
- The extent to which the application demonstrates the problem and associated contributing factors and approaches to promote child safety and reduce fatal and serious injuries.
- The extent to which the applicant summarizes the need to enhance communication, interaction, and coordination on child safety promotion through initiating and maintaining partnerships and collaborative relationships with national organizations, key state and local entities, health, education, Medicaid and third party payors, and safety networks, and other identified MCHB partners.
- The breadth and depth of the applicant's analysis of state and community-based systems in infant, child and adolescent health and safety.
- The extent to which applicant demonstrates successful experience and commitment to partner with relevant entities with experience working to improve child safety through a variety of mechanisms and processes on both the state and regional level.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

The extent to which the proposed project responds to the three components of activity described in the [Purpose section](#) of this funding opportunity announcement: National Coordinated Child Safety Initiative, Child Safety CoIIN Activities, and Child Safety Promotion Capacity Building. The strength of the proposed goals and objectives and their relationship to reducing childhood injury-related deaths, hospitalizations and emergency department visits by 100,000 over the next three years.

Extent to which the applicant succeeds in addressing the following:

Subcriterion: Methodology (15 points)

- Provides a reasonable approach for implementing its proposed work plan for the development and ongoing technical assistance provided to regional CoIINs.
- Provides a logical linkage between proposed activities and achievement of the goals of the Children's Safety Network Program, including the reduction of childhood injury-related morbidity and mortality.
- Responds to program expectations outlined.
- Describes a plan to address racial-ethnic, socioeconomic and other disparities in injury-related child mortality and hospitalizations, including the meaningful engagement of underserved populations such as rural and tribal communities in efforts to improve child safety.
- Outlines approach for supporting the development and maintenance of cyberteams including how they plan to conduct collaborative learning sessions.
- Outlines the process that will be used to evaluate their internal QI process.

- Identifies barriers of challenges that may occur with cyberteams and their process for overcoming or minimizing such challenges.
- Discusses plans for ensuring ongoing communication and coordination with HRSA and National Coordinated Child Safety Initiative, including sufficient staffing for the National Steering Committee and task forces.
- Outlines plan for achieving sustainability of regional CoIIN projects and web portal.

Subcriterion: Work Plan (10 points)

- Clearly delineates the proposed goals and activities and their relationship to the project.
- Relates and corresponds to the needs assessment and activities outlines in the Methodology section.
- Includes clearly written problem statement, goals, time-frames, objectives, responsible staff and methods for evaluation.
- Degree to which the objectives relate to each goal.
- Extent to which the time-frame is reasonable for conducting a quality improvement (rapid change) project.
- Inclusion of milestones to assess progress of stated objectives.
- Extent to which the evaluative measures correspond to the planning and implementation of the CoIINs and effectiveness of the technical assistance provided to the participants.

Subcriterion: Resolution of Challenges (5 points)

- The extent to which applicant demonstrates an understanding of unique challenges that are likely to be encountered across all three components of the program: National Coordinated Child Safety Initiative, National Child Safety CoIIN, and Child Safety Capacity Building.
- The extent to which proposed solutions for overcoming such challenges are realistic.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The strength of the plan in describing how the chosen quality improvement process will be evaluated, how data will be collected and used to improve the CoIIN process.
- The strength of the plan for monitoring and assessing its performance, including methods employed by staff to ensure that the proposed activities are being successfully documented and completed, based on overall workplan.
- The strength of the plan's ability to identify, document and link proximal measures to the overall outcome goals of the of the National Coordinated Child Safety Initiative, National Child Safety CoIIN, and Child Safety Capacity Building activities, including the identification of appropriate data sources for measuring decreased childhood injury-related deaths, hospitalizations and emergency department visits.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

The extent and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. In particular:
 - The extent to which the personnel have demonstrated national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health and safety.
 - The extent to which the personnel have demonstrated expertise in child safety promotion, representing a range of injury and violence prevention experience as applied through systems that serve maternal and child health populations, to include specific expertise in safe infant sleep promotion and bullying prevention in order to address Component 3 of the program activities described in the [Purpose section](#).
 - The extent to which the personnel demonstrate capacity to provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action on the state and local levels, including subject matter expertise in the fields of bullying prevention and safe infant sleep promotion.
 - The extent which the personnel demonstrate capacity in planning, training, and executing quality improvement activities and is familiar with the IHI breakthrough series.
- The capabilities of the applicant organization(s) (including proposed partners and joint-applicant organizations/agencies) and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which the applicant demonstrates knowledge and understanding of effective quality improvement processes that reflect the principles of the CoIIN model set forth in the [Purpose section](#) of this funding opportunity announcement.
- The extent to which the applicant details past experience in managing collaboratives, providing technical assistance and maintaining an Internet-based work space.
- The extent to which the applicant details past experience with Federal grants and/ or cooperative agreements at the national level and ability to complete deliverables.
- The extent to which the applicant describes expertise in maternal and child health and ability to collaborate with other partners to accomplish proposed activities.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Budget Narrative

This criterion includes the reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. The extent to which the applicant:

- Demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the unique components and relative program effort set forward in the Purpose section. .
- The budget list items are adequate and appropriate for proposed project activities.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The budget clearly justifies proposed staff, contracts and other resources.
- The budget reflects adequate support to effectively implement all face-to-face meetings

proposed, including the National Steering Committee and the child safety summits which serve to launch each cohort of the Child Safety CoIIN activities.

- The applicant performs a major substantive role in carrying out the proposed project; that is, a contract is not used as a conduit to another party unless an explicit, well-justified, cost-benefit justification is provided to support this portion of the scope of work activities to be performed.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [*SF-424 Application Guide*](#).

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA's [*SF-424 Application Guide*](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [*SF-424 Application Guide*](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [*SF-424 Application Guide*](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

- 2) **Performance Report(s).**

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act,

the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U49_2.HTML.

b) Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U49_2.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U49_2.HTML.

The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

LaToya Ferguson
Grants Management Specialist
HRSA Division of Grants Operations, OFAM
Government and Special Focus Branch, Room 11A-13
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1440
Fax: (301) 443-6343
E-mail: L.Ferguson@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Erin Reiney
Director of Injury and Violence Prevention Programs
Division of Child, Adolescent and Family Health
Attn: Funding Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18W-16
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5848
E-mail: ereiney@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance Call:

A technical assistance call will be held on Monday, January 5, 2015, from 1:00 P.M - 2:00 P.M. Eastern Time. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions.

Call information is as follows: call number: 866-692-4541, code: 3004776649#.

The following meeting web link will be used to display the FOA:

<https://hrsa.connectsolutions.com/csnprogram/>.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [*SF-424 Application Guide*](#).